

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35848
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis,** (d) Street No. **City Hospital No. 1.** Registered No. **9425**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Florentina Heinzer**

(a) Residence, No. **1550 So. Broadway** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Balthasar Heinzer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 30, 1844**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 93 8 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

FATHER 13. NAME **Anton Vielhaber**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Anna Siebert**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Balthasar E. Heinzer**
 (ADDRESS) **1550 So. Broadway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Oct. 11, 1937**

19. FUNERAL DIRECTOR **J. H. Becken**
 (ADDRESS) **2842 Meramec St.**

20. FILED **OCT 9 1937** **J. H. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 7 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **10:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Fracture left hip due to fall at her home July 16, 1937 time unknown
Arteriosclerosis

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **Accident** Date of injury **July 16, 1937**
 Where did injury occur? **St. Louis, Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **home**

Manner of injury **Fall**
 Nature of injury **Fracture hip**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Alfred Perry**
 (Signed) **Alfred Perry**
 (Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)